Louisiana Transportation Research Center **OUT-OF-STATE TRAVEL APPROVAL REQUEST**	LTRC USE ONLY DATE OF RECEIPT:	
	STATE PROJECT NO.:	

PART 1 TRAVEL REQUESTED

1. PERSON(S) REQUESTING TRAVEL:	2. UNIVERSITY/AGENCY:	
3. ADDRESS:	4. DESTINATION/ITINERARY:	
5. DATE OF DEPARTURE:	6. DATE OF RETURN:	
7. PURPOSE OF TRAVEL (E.G. CONFERENCE ATTENDANCE/PRESENTATION, SITE VISIT, ETC.):		
8. EXPLANATION: EXPLAIN HOW THIS IS RELATED TO THE PROJECT TO BE CHARGED		
9. LTRC PROJECT NO.:	10. PROJECT TITLE:	
11. TOTAL COST OF TRAVEL (INDICATE $0 IF TRAVEL WILL BE REIMBURSED BY THIRD PARTY AND NO STATE CHARGES MADE): $	12. IS THIS A BUDGETED ITEM? YES ☐ NO ☐	13. IF NOT A BUDGETED ITEM, EXPLAIN:

PART II APPROVAL

RECOMMENDED BY GROUP MANAGER:	DATE:
RECOMMENDED FOR APPROVAL BY ASSOCIATE DIRECTOR, RESEARCH:	DATE:
APPROVED BY DIRECTOR, LTRC:	DATE:

COMMENTS FOR DISAPPROVAL: